

J. Bean, H. D.
County Hospital
13 3-4718

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1227

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 213

1. PLACE OF DEATH

A. COUNTY

Pima

B. LENGTH OF STAY

IN THIS TOWN 76 yrs IN ARIZONA 76 yrs

2. USUAL RESIDENCE

(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)

A. STATE

Arizona

B. COUNTY

Pima

C. CITY OR TOWN

Tucson

IN CITY LIMITS

OUTSIDE CITY LIMITS

C. CITY OR TOWN

Tucson

IN CITY LIMITS

OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Pima County Hospital

D. STREET ADDRESS

(IF RURAL, GIVE LOCATION)

74 W. Kennedy

3. NAME OF DECEASED

(TYPE OR PRINT)

A. (FIRST) Ricardo

B. (MIDDLE)

Andrade

C. (LAST)

4. SEX

Male

5. COLOR OR RACE

White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Widowed

6B. NAME OF SPOUSE

7. DATE OF BIRTH

MONTH DAY YEAR

Apr. 3 1872

8. AGE (IN YEARS LAST BIRTHDAY)

76

IF UNDER 1 YEAR

MONTHS DAYS

IF UNDER 24 HRS.

HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)

Handy Man

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Arizona

11. CITIZEN OF WHAT COUNTRY?

U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

No

13. SOCIAL SECURITY NO.

587-09-8784

14A. FATHER'S NAME

Jose Andrade

14B. BIRTHPLACE (STATE OR COUNTRY)

Arizona

15A. MOTHER'S MAIDEN NAME

Guadalupe Ruiz

15B. BIRTHPLACE (STATE OR COUNTRY)

Arizona

16. INFORMANT'S SIGNATURE

ADDRESS

17. DATE OF DEATH

Feb.

(MONTH)

(DAY)

(YEAR)

16

1956

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASPHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

MEDICAL CERTIFICATION

(A) *Myocardial infarction*

(B) *Myocardial infarction*

(C) *Myocardial infarction*

(D) *Myocardial infarction*

(E) *Myocardial infarction*

(F) *Myocardial infarction*

(G) *Myocardial infarction*

(H) *Myocardial infarction*

(I) *Myocardial infarction*

(J) *Myocardial infarction*

(K) *Myocardial infarction*

(L) *Myocardial infarction*

(M) *Myocardial infarction*

(N) *Myocardial infarction*

(O) *Myocardial infarction*

(P) *Myocardial infarction*

(Q) *Myocardial infarction*

(R) *Myocardial infarction*

(S) *Myocardial infarction*

(T) *Myocardial infarction*

(U) *Myocardial infarction*

(V) *Myocardial infarction*

(W) *Myocardial infarction*

(X) *Myocardial infarction*

(Y) *Myocardial infarction*

(Z) *Myocardial infarction*

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

2 yr.

3 yr.

4 yr.

5 yr.

6 yr.

7 yr.

8 yr.

9 yr.

10 yr.

11 yr.

12 yr.

13 yr.

14 yr.

15 yr.

16 yr.

17 yr.

18 yr.

19 yr.

20 yr.

21 yr.

22 yr.

23 yr.

24 yr.

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190 yr.

191 yr.

192 yr.

193 yr.

194 yr.

195 yr.